

**HOUSING PROGRAMS (EMERGENCY/TRANSITIONAL)**

Households threatened by DV and households with an individual with HIV/AIDS: Do not sign the form at the bottom

ONE FORM PER HOUSEHOLD

\*unsheltered households should instead use *Unsheltered/Living with Family or Friends* form

Program Name: \_\_\_\_\_

☐ Emergency Shelter☐ Transitional Housing Program (only required if client is not already in HMIS)Have you been continuously homeless for a year or more? ☐ Yes ☐ NoHow many episodes of homelessness have you had in the past 3 years? ☐ Less than 4 ☐ At least 4**Household Information**

(Please enter each HH member below. Use additional form if household has more than four members.)

How many people are in your household? Adults: \_\_\_\_\_ Children: \_\_\_\_\_

Last Known Permanent City \_\_\_\_\_ ZIP \_\_\_\_\_

**Disabilities**Check **all** that apply to each client

Relation to Head of Household (if applicable) Spouse/ Partner/ Child/Etc.	First Name	Last Name	Birth Date (or if DOB refused; Year of Birth)	Gender (M, F, Transgender M to F, or F to M)	Race* (enter all that apply)	Ethnicity (Hispanic (H) or Non-Hispanic (N))	Domestic Violence Survivor (check if yes)	Veteran (ever served in the military)	Chronic Substance Abuse	Physical Disability (Permanent)	Developmental Disability	Mental Health (Substantial & Long-Term)	Chronic Health Condition (Permanently Disabling)	HIV/AIDS (enter as consent refused in HMIS)
Self														

\*White (W), Black or African-American (B), Asian (A), American Indian or Alaska Native (I), Native Hawaiian or Other Pacific Islander (H), Other (O)

**Circumstances that Caused Your Homelessness (check all that apply)**

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Alcohol/Substance Abuse | <input type="checkbox"/> Primarily Economic Reasons | <input type="checkbox"/> Displacement/lost temp. living sit. | <input type="checkbox"/> Language Barrier      |
| <input type="checkbox"/> Domestic Violence       | <input type="checkbox"/> Job Loss                   | <input type="checkbox"/> Aged out of Foster Care             | <input type="checkbox"/> Out of Home Youth     |
| <input type="checkbox"/> Mental Illness          | <input type="checkbox"/> Eviction                   | <input type="checkbox"/> Discharged from an Institution      | <input type="checkbox"/> Transient on the Road |
| <input type="checkbox"/> Family Crisis/Break-up  | <input type="checkbox"/> Lack of Childcare          | <input type="checkbox"/> Lack of Job Skills                  | <input type="checkbox"/> Don't Know            |
| <input type="checkbox"/> Illness/Health Problems | <input type="checkbox"/> Medical Costs              | <input type="checkbox"/> Conviction (misdemeanor/felony)     | <input type="checkbox"/> Refused               |

**Source(s) of Household Income and Benefits (check all that apply)**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> None                             | <input type="checkbox"/> Public Assistance                  | <input type="checkbox"/> Farm/Other Migrant Agricultural Work        |
| <input type="checkbox"/> Veterans Administration Benefits | <input type="checkbox"/> L&I/Workers' Compensation          | <input type="checkbox"/> Relatives, Partners or Friends              |
| <input type="checkbox"/> Unemployment Insurance           | <input type="checkbox"/> Part-time Work                     | <input type="checkbox"/> Child Support                               |
| <input type="checkbox"/> Social Security                  | <input type="checkbox"/> Employed Full-time at Low-wage Job | <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused |

I agree to the inclusion of my household's information for count purposes described in the release on the back of this form.

Signature(s) (each adult or unaccompanied youth must sign): \_\_\_\_\_

Adult #2 (if applicable): \_\_\_\_\_

## Client Release of Information

### Washington State HMIS for Annual Point in Time Count

Data for this point in time count is entered into the Washington State Homeless Management Information System (HMIS) which collects information, over time, about the characteristics and service needs of men, women, and children experiencing homelessness.

To provide the most effective services in moving people from homelessness to permanent housing, we need an accurate count of all people experiencing homelessness in Washington State. In order to make sure that clients are not counted twice if services are received by more than one agency, we need to collect some personal information. Specifically, we need: **name and birth date**. Your information will be stored in our database for 7 years.

- We will guard this information with strict security policies to protect your privacy. Our computer system is highly secure and uses up-to-date protection features such as data encryption, passwords, and identity checks required for each system user. There is a small risk of a security breach, and someone might obtain and use your information inappropriately. If you ever suspect the data in HMIS has been misused, immediately contact the HMIS System Administrator at (360) 725-2926.
- The data you provide will be combined with data from the Department of Social and Health Services (DSHS) for the purpose of further analysis. Your name and other identifying information will not be included in any reports or publications. Only a limited few staff members in the research division who have signed confidentiality agreements will be able to see this information.
- Your decision to participate in the HMIS will not affect the quality or quantity of services you are eligible to receive from any service provider, and will not be used to deny outreach, shelter or housing. However, if you do choose to participate, services in the region may improve if we have accurate information about homeless individuals and the services they need.

**By signing the front page of this form** you are consenting to the inclusion of your household information in HMIS and authorize information collected to be shared with partner agencies. Your personal information will not be made public and will only be used with strict confidentiality. You may withdraw your consent at any time.

**Thank you for helping us improve services to homeless persons.**

#### INSTRUCTIONS FOR SURVEYORS

**All information in the survey is required.** If someone refuses to answer questions for the survey, please make sure to fill in at least location, gender, and a year of birth for them. If you do not know the exact birth year of a household member, guesses are OK.

**\*\*Important: DO NOT enter into HMIS a name, birth day, or birth month for households with an individual who is: 1) in a DV agency; 2) currently fleeing or in danger from a domestic violence, dating violence, sexual assault or stalking situation; 3) has HIV/AIDS or 4) anyone you do not have written informed consent from (signature on first page).** \*\* However, a signature is not needed to collect other information. All homeless households and individuals should have a form filled out.

**The purpose of this survey** is to help with the planning of providing services and housing to homeless individuals and to identify the types of assistance needed. It is also a requirement to receive funding from HUD and the WA State Dept. of Commerce.

**Disabilities:** Please make sure to record applicable disabilities for each household member. If a household member has no disabilities please select NONE APPLY. If the disability section is blank we will assume the question wasn't asked or the client refused to answer.

**Shelter Programs:** Surveys should be collected at a shelter program (emergency or transitional). Please make sure to write the name of the shelter program and batch them together when submitting to lead PIT agency.

**Only** persons staying in a homeless housing program (emergency shelter or transitional housing) should complete this form. Unsheltered persons or persons living with family or friends should complete the 2015 *UNSHeltered/LIVING WITH FAMILY OR FRIENDS* form.

**Each member of a household** should be listed in the Household Information section. **A single person is considered a household** (i.e., "a household consisting of one person"), so **single individuals should complete the Household Information section.**

If you have any questions about how to fill out this survey or how this data will be used, please don't hesitate to call Commerce at (360) 725-2926.